

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2014

through

M M M / D D D / Y Y Y Y Y Y
05 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer

Ms. Robin Hillier

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 19 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2014 To: M M / D D / Y Y Y Y 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		433429.72
(b) Cash on Hand at Beginning of Reporting Period.....	413390.31	
(c) Total Receipts (from Line 19)	54532.33	324864.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	467922.64	758294.27
7. Total Disbursements (from Line 31)	86292.55	376664.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	381630.09	381630.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	4

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

49922.44

286504.40

(ii) Unitemized

2109.89

14860.15

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

52032.33

301364.55

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

52032.33

306364.55

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

2500.00

17500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

54532.33

324864.55

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

54532.33

324864.55

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1292.55	6964.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1292.55	6964.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80000.00	359500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	200.00
29. Other Disbursements	5000.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86292.55	376664.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86292.55	376664.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	52032.33	306364.55
34. Total Contribution Refunds (from Line 28(d))	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52032.33	306164.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1292.55	6964.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1292.55	6964.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Barber

Mailing Address 130 E Main Street

City

Spartanburg

State

SC

Zip Code

29306-5113

FEC ID number of contributing
federal political committee.

C

Name of Employer

White Oak Management, Inc.

Occupation

Executive VP/CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 19 / 2014

Transaction ID : C2740213

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Brad Barnes

Mailing Address 62 Wellington Park

City

Baytown

State

TX

Zip Code

77520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Green Acres of Baytown

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : C2730829

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Elton G. Beebe Jr.

Mailing Address 1308 Bruton Springs Road

City

Austin

State

TX

Zip Code

78733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Burnt Tavern Rehabilitation HealthCare

Occupation

Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.00

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745932

Amount of Each Receipt this Period

416.00

SUBTOTAL of Receipts This Page (optional)..... ►

5916.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 40
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elton G. Beebe

Mailing Address 763 Avery Blvd N

City State Zip Code
 Ridgeland MS 39157

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Magnolia Management Corporation

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : C2740208

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Harold Beebe

Mailing Address 14 Northtown Dr
 Ste 202

City State Zip Code
 Jackson MS 39211-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Delco Inc.

Occupation
 Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : C2745970

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

c. Lyn C. Bentley

Mailing Address 2212 Hidden Valley Ln

City State Zip Code
 Silver Spring MD 20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 Senior Director, Regulatory Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : C2745941

Amount of Each Receipt this Period

83.32

* Payroll Deduction: \$41.66 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5358.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kim Blunt

Mailing Address 2414 Greendale Road

City State Zip Code
Wilmington DE 19810-3453

FEC ID number of contributing
federal political committee.

C

Name of Employer
KMB Medical Legal Consulting

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : C2745967

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Heath Boddy

Mailing Address 2201 N 98th Street

City State Zip Code
Lincoln NE 68505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Health Care Association

Occupation
State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2014

Transaction ID : C2730294

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Jennifer G. Brady

Mailing Address 103 Paired Oaks Lane

City State Zip Code
Wilmington DE 19807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potter Anderson & Corroon LLP

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2014

Transaction ID : C2745935

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1085.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori Brunholtz

Mailing Address 7361 N. 202nd E. Ave

City State Zip Code
 Owasso OK 74055

FEC ID number of contributing
federal political committee.

C

Name of Employer

BKD, LLP

Occupation

Director, Health Care Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745937

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven E. Chies

Mailing Address 8624 Mississippi Blvd NW

City State Zip Code
 Coon Rapids MN 55433

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Cities Health Care, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 19 / 2014

Transaction ID : C2739133

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher Donnellan

Mailing Address 2800 Marshall St

City State Zip Code
 Falls Church VA 22042

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : C2740128

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joanne E Erickson

Mailing Address 911 S Randolph St

City

Arlington

State

VA

Zip Code

22204-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Editor in Chief, Provider Magazine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.88

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745944

Amount of Each Receipt this Period

86.96

* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Irene Fleshner

Mailing Address 1688 Floyd Street

City

Sarasota

State

FL

Zip Code

34239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis HealthCare Corporation

Occupation

Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 19 / 2014

Transaction ID : C2740211

Amount of Each Receipt this Period

137.50

Full Name (Last, First, Middle Initial)

C. Ron Frazier

Mailing Address 500 N King St

City

Winnfield

State

LA

Zip Code

71483-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winnfield Nursing & Rehab Center

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : C2730827

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

724.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denny Gamble

Mailing Address PO Box 52369

City

Shreveport

State

LA

Zip Code

71135-2369

FEC ID number of contributing
federal political committee.

C

Name of Employer

Guest Care Management

Occupation

Owner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 19 / 2014

Transaction ID : C2745966

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Jim W. Gilliam

Mailing Address P.O. Box 726

City

Hamilton

State

GA

Zip Code

31811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ethica Health & Retirement Communities

Occupation

Region Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2014

Transaction ID : C2745963

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James H. Gomez

Mailing Address 2201 K St

City

Sacramento

State

CA

Zip Code

95816-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Association of Health Facilities

Occupation

CEO/President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2014

Transaction ID : C2731607

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald Goux

Mailing Address 2045 Highway 59
PO Box 1429

City State Zip Code
Mandeville LA 70448-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulf South Medical Enterprises

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.00

Date of Receipt

05 / 13 / 2014

Transaction ID : C2730808

Amount of Each Receipt this Period

833.00

Full Name (Last, First, Middle Initial)

B. Jennifer S Hahs

Mailing Address 12423 Flint Street

City State Zip Code
Overland Park KS 66213

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.88

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745946

Amount of Each Receipt this Period

86.96

* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Glenn Hendrix

Mailing Address 3907 Club Drive

City State Zip Code
Atlanta GA 30319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arnall Golden Gregory LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 04 / 2014

Transaction ID : C2726049

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1169.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sean Hurley

Mailing Address 74 Kingery Drive

City

El Paso

State

TX

Zip Code

79902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medline Industries

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2014

Transaction ID : C2736315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Karen Hyatt

Mailing Address 5102 Scenic Dr

City

Yakima

State

WA

Zip Code

98908-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hyatt Corporation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 09 / 2014

Transaction ID : C2730831

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David A Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Center for Assisted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

652.20

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745948

Amount of Each Receipt this Period

217.40

* Payroll Deduction: \$108.70 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1467.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Lee

Mailing Address 517 Overdale Road

City
Baltimore

State
MD

Zip Code
21229-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nexion Health Management, Inc.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2014

Transaction ID : C2726713

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Brett Lessley

Mailing Address PO Box 1023

City
Claremore

State
OK

Zip Code
74018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Griffin Management, Inc.

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 16 / 2014

Transaction ID : C2736314

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Tricia Lies

Mailing Address 115 Dutch Lake Trail

City
Howard Lake

State
MN

Zip Code
55349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tealwood Care Center

Occupation

Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : C2730825

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Mantzoukas

Mailing Address 25 Lafayette St

City

Marblehead

State

MA

Zip Code

01945

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lafayette Convalescent Home

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 13 / 2014

Transaction ID : C2730807

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Maureen Marchant

Mailing Address 3618 Devonshire Lane

City

Bloomington

State

IN

Zip Code

47403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospitality House

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745934

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

C. Bethany R Martino

Mailing Address 8559 Window Latch Way

City

Columbia

State

MD

Zip Code

21045

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.25

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745950

Amount of Each Receipt this Period

90.90

* Payroll Deduction: \$45.45 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1440.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Mendlen

Mailing Address 2151 Calle Poco

City State Zip Code
 San Diego CA 92019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kennon S. Shea & Associates

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : C2730809

Amount of Each Receipt this Period

333.00

Full Name (Last, First, Middle Initial)

B. Karen Messick

Mailing Address 1073 Kensington St. NW

City State Zip Code
 Walker MI 49534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pilgrim Manor, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : C2726064

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gregory Miller

Mailing Address 11573 Stablewatch Court

City State Zip Code
 Cincinnati OH 45249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Care Management Group

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : C2726823

Amount of Each Receipt this Period

333.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1666.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cornelius Murray

Mailing Address 54 State Street

City Albany State NY Zip Code 12207

FEC ID number of contributing federal political committee.

C

Name of Employer
O'Connell & Aronowitz

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2014

Transaction ID : C2730822

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy F Nicholson

Mailing Address 15 Ocean Harbour Cir

City Ocean Ridge State FL Zip Code 33435-6207

FEC ID number of contributing federal political committee.

C

Name of Employer
Lyric Health Care

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.00

Date of Receipt

05 / 19 / 2014

Transaction ID : C2740212

Amount of Each Receipt this Period

1666.00

Full Name (Last, First, Middle Initial)

C. Delbert Ousley

Mailing Address 300 Provider Court

City Richmond State KY Zip Code 40475-8488

FEC ID number of contributing federal political committee.

C

Name of Employer
PMD Corporation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745940

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2916.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jon Reardon

Mailing Address 1202 Weiss Street

City

Saginaw

State

MI

Zip Code

48602-5471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hoyt Nursing & Rehab Centre

Occupation

Owner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 19 / 2014

Transaction ID : C2745958

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. Ben Sanders

Mailing Address 17 Loon Song Lane

City

Moultonborough

State

NH

Zip Code

03254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Golden View Health Care

Occupation

Director, Special Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 09 / 2014

Transaction ID : C2730830

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Paula Sanders

Mailing Address 4708 Laurel Drive

City

Harrisburg

State

PA

Zip Code

17110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Post & Schell, PC

Occupation

Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2014

Transaction ID : C2726053

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip Scalo

Mailing Address 100 N County Line Road

City

Jackson

State

NJ

Zip Code

08527-1264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bartley Healthcare

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 14 / 2014

Transaction ID : C2731092

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Michael Scharfenberger

Mailing Address 7265 Kenwood Road
300

City

Cincinnati

State

OH

Zip Code

45236-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nursing Care Management

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 21 / 2014

Transaction ID : C2745975

Amount of Each Receipt this Period

137.50

Full Name (Last, First, Middle Initial)

C. Joani Schelm

Mailing Address 6330 South 104th Street

City

Omaha

State

NE

Zip Code

68127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vetter Health Services, Inc.

Occupation

Director of Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745933

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3262.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerald Schroer Jr.

Mailing Address 1608 Muirfield NW

City State Zip Code
Canton OH 44708

FEC ID number of contributing
federal political committee.

C

Name of Employer

TSG Ancillaries

Occupation

Healthcare Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : C2745962

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Stuart H. Shapiro

Mailing Address 315 North 2nd Street

City State Zip Code
Harrisburg PA 17101-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pennsylvania Health Care Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : C2726830

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jamie Shelton

Mailing Address PO Box 1438

City State Zip Code
Winnfield LA 71483

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Management Company

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : C2745968

Amount of Each Receipt this Period

500.00

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TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer S Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
 Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Health Care Association

Occupation
 COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.25

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745956

Amount of Each Receipt this Period

90.90

* Payroll Deduction: \$45.45 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Scott Sibigroth

Mailing Address One Medline Place

City State Zip Code
 Mundelein IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medline Health Care Co.

Occupation
 President, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 12 / 2014

Transaction ID : C2730354

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Howard Sollins

Mailing Address 120 E Baltimore St

City State Zip Code
 Baltimore MD 21202-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ober Kaler

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 02 / 2014

Transaction ID : C2727453

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1590.90

SCHEDULE A (FEC Form 3X)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Howard Sollins

Mailing Address 120 E Baltimore St

City State Zip Code
Baltimore MD 21202-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ober Kaler

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2014

Transaction ID : C2726723

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin Unrein

Mailing Address 3000 Fieldstone Court

City State Zip Code
Augusta KS 67010

FEC ID number of contributing
federal political committee.

C

Name of Employer

LakePoint Nursing Center

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : C2745972

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Waldrop

Mailing Address 9686 Bowen Trail

City State Zip Code
Ooltewah TN 37363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comcast

Occupation

Customer Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2014

Transaction ID : C2745964

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bryan Wann

Mailing Address 6030 Arden Street

City

Shreveport

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cypress Point Nursing & Rehabilitation

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : C2730828

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Diana H. Wilks

Mailing Address 515 Park Circle

City

Forsyth

State

GA

Zip Code

31029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ethica Health & Retirement Communities

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 21 / 2014

Transaction ID : C2745978

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mark Woolpert

Mailing Address 200 S 13th St

Ste 205

City

Grover Beach

State

CA

Zip Code

93433-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Compass Health Care

Occupation

President/ CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 19 / 2014

Transaction ID : C2745957

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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5800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kim Zimmerman

Mailing Address 6797 Colby Crossing

City State Zip Code
McLean VA 22046

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHCA

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 19 / 2014

Transaction ID : C2740134

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LAG Associates LP Managers

Mailing Address 8028 Ritchie Hwy
Ste 210

City State Zip Code
Pasadena MD 21122-1075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745938

Amount of Each Receipt this Period

1250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. Gary Attman

Mailing Address 8028 Ritchie Highway

City State Zip Code
Pasadena MD 21122-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAG Associates LP Managers

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 14 / 2014

Transaction ID : C2745939

Amount of Each Receipt this Period

1250.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

49922.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 40
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue
Suite 100

City State Zip Code
Midland MI 48640

FEC ID number of contributing
federal political committee.

C C00347476

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : C2727452

Amount of Each Receipt this Period

2500.00

Refund of 2/25/14 Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 40

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 05 2014

Transaction ID : D158856

Amount of Each Disbursement this Period

122.62

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2014

Transaction ID : D158857

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53773

City State Zip Code
Phoenix AZ 85072-3773
Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 09 2014

Transaction ID : D158858

Amount of Each Disbursement this Period

16.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

146.62

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/
Type

42.66

State: District:

Category/
Type

35.46

State: District:

MM / DD / YYYY

Category/
Type

160.00

State: District:

Age Group	Percentage of 'Yes' Responses
18-24	~180
25-34	238.12
35-44	~190
45-54	~170
55-64	~160
65+	~150

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

204.40

State: District:

MM / DD / YYYY

A horizontal bar with a value of 320.57. The bar is light gray with a darker gray outline. The value "320.57" is displayed in black text at the right end of the bar.

State: District:

M M / D D / Y Y Y Y
05 21 2014

77.73

State: District:

Age Group	Percentage
18-24	~10%
25-34	~15%
35-44	~20%
45-54	~25%
55-64	~30%
65-74	602.70
75-84	~10%
85+	~5%

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUE HEN PAC

Mailing Address PO BOX 15293

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : D158115

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Bluegrass CommitteeMailing Address 400 N Capitol St NW #585
#585

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : D158495

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Mark WarnerMailing Address 201 North Union Street
Suite 350

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mark Warner

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: VA District:

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : D158113

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nevada State Democratic Party

Mailing Address 409 Horn St

City	State	Zip Code
Las Vegas	NV	89107-2121

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

Transaction ID : D158061

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 1212 N Vernon St

City	State	Zip Code
Arlington	VA	22201-4832

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : D158284

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR BEN

Mailing Address PO BOX 31129

City	State	Zip Code
SANTA FE	NM	87594

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ben Ray Lujan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NM District: 03

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : D158534

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHRIS GIBSON FOR CONGRESS

Mailing Address PO Box 247

City	State	Zip Code
Kinderhook	NY	12106

Purpose of Disbursement
Contribution

Candidate Name

Rep. Chris GibsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : D158200

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DANIEL WEBSTER FOR CONGRESS

Mailing Address 3400 OLD WINTER GARDEN ROAD

City	State	Zip Code
ORLANDO	FL	32805

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel WebsterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : D158199

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. THE MARKEY COMMITTEE

Mailing Address PO Box 526

City	State	Zip Code
Medford	MA	02155

Purpose of Disbursement
Contribution

Candidate Name

Edward J. MarkeyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : D158532

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City	State	Zip Code
DUBLIN	CA	94568

Purpose of Disbursement
Contribution

Candidate Name

Rep. Eric Swalwell

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : D158283

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jeff Denham

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : D158498

Amount of Each Disbursement this Period

6.92

Full Name (Last, First, Middle Initial)

C. DENHAM FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR #150

City	State	Zip Code
SACRAMENTO	CA	95833

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jeff Denham

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : D158277

Amount of Each Disbursement this Period

2493.08

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City Vernon	State CT	Zip Code 06066
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe CourtneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : D158533

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City Vernon	State CT	Zip Code 06066
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Joe CourtneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : D158542

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARROW

Mailing Address PO BOX 8166

City SAVANNAH	State GA	Zip Code 31412
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. JOHN J. BARROWOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : D158202

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. VARGAS FOR CONGRESSMailing Address 330 Encinitas Blvd.
Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Juan VargasOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2014

Transaction ID : D158535

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LYNN JENKINS FOR CONGRESS

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lynn JenkinsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : D158278

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pat TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	07	/	2014

Transaction ID : D158120

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DUFFY FOR CONGRESS

Mailing Address PO Box 538

City	State	Zip Code
Wausau	WI	54402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sean P. DuffyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : D158537

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve StiversOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : D158122

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF TODD YOUNG, INC.

Mailing Address PO BOX 1053

City	State	Zip Code
BLOOMINGTON	IN	47402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Todd C. YoungOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : D158124

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TOM RICE FOR CONGRESS

Mailing Address 1113 48TH AVE., N.

City	State	Zip Code
MYRTLE BEACH	SC	29577

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom RiceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2014

Transaction ID : D158538

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 89

City	State	Zip Code
PHOENIXVILLE	PA	19460

Purpose of Disbursement
Contribution

Candidate Name

RYAN A COSTELLOOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2014

Transaction ID : D158377

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CORY BOOKER FOR SENATE

Mailing Address PO Box 32237

City	State	Zip Code
Newark	NJ	07102-0637

Purpose of Disbursement
Contribution

Candidate Name

Sen. Cory A. BookerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	29	/	2014

Transaction ID : D158541

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARK PRYOR FOR US SENATE

Mailing Address PO BOX 2720

City	State	Zip Code
LITTLE ROCK	AR	72203

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mark Pryor

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : D158282

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SHORE PAC

Mailing Address PO. Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : D158536

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. THE HAWKEYE PAC

Mailing Address PO BOX 192

City	State	Zip Code
DES MOINES	IA	50301

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : D158280

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10000.00

80000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Grassley

Mailing Address 30601 Deer Trail Dr.

City	State	Zip Code
New Hartford	IA	50660

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

Transaction ID : D158281

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Anthony BrownMailing Address 12138 Central Ave
#163

City	State	Zip Code
Bowie	MD	20721

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2014

Transaction ID : D158539

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

5000.00
